

**Department of  
Health and  
Community  
Services Annual  
Performance  
Report  
2010-2011**

  
**Newfoundland  
Labrador**




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## Minister's Message



I am pleased to present the Annual Report of the Department of Health and Community Services. The report highlights the accomplishments and departmental activities in the past fiscal year (April 1, 2010 to March 31, 2011). As the Minister of Health and Community Services, I acknowledge my accountability for the preparation of this report, the accomplishments and any variances contained herein.

The Provincial Government is committed to enhancing the quality of health care programs and services throughout the province and this past fiscal year we demonstrated that commitment with a record \$2.7 billion allocated in Budget 2010 for health and community services.

The Provincial Government continues to move forward on several key priority areas that affect the health and well-being of people throughout Newfoundland and Labrador including provincial wellness and chronic disease management, long-term care, wait time reductions and improved access to the health care system, and mental health and addictions.

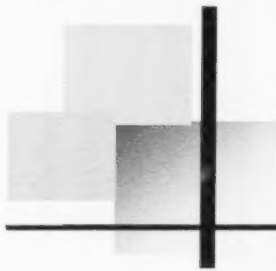
Over this past year, the Department of Health and Community Services has advanced all of these priorities including: the release of Gaining Ground: A Provincial Cancer Control Policy Framework for Newfoundland and Labrador; the opening of two new long-term care facilities in Corner Brook and Happy Valley-Goose Bay and continuing the development of new facilities in St. John's, Carbonear and Lewisporte; investing in several new initiatives to address wait times including the establishment of a central assessment clinic for select orthopaedic surgeries, the hiring of an external wait time consultant; the establishment of a Provincial Mental Health and Addictions Advisory Council, and the continuing development of two treatment centres for youth with addictions and complex mental health needs and an adult addictions centre.

Providing accessible and responsive health care services in our province is a top priority for our government. We will continue to make sound investments to improve the health of our people, our communities and our province.

A handwritten signature in cursive script that reads "Susan Sullivan".

**SUSAN SULLIVAN**  
Minister

## Departmental Overview



The following is an overview of the Department of Health and Community Services which has a mandate to provide leadership and direction for effective and efficient delivery of health and community services.

### ***Vision***

The vision of the Department of Health and Community Services is for individuals, families and communities to achieve optimal health and well being.

### ***Values***

The following values are considered to be important to the Department. These values are incorporated in daily activities and are present in the overall organizational climate. They include:

#### ***Collaboration***

Each person engages actively with partners.

#### ***Fairness***

Each person uses a balance of evidence for equity in decision making.

#### ***Privacy***

Each person manages and protects information related to persons/families/organizations/communities and the department appropriately.

#### ***Respect***

Each person provides opportunities for others to express their opinions in an open and safe environment.

#### ***Transparency in decision making***

Each person is forthcoming with all information related to decision making except where prohibited by legislation.

#### ***Excellence***

Each person performs to the best of their ability, and within available resources.

### ***Mission***

By March 31, 2011, the Department of Health and Community Services will have guided the implementation of provincial policies and strategies that are developed to ensure equitable and quality services in population health, enhanced public health capacity, accessibility to priority services and improved accountability and stability in the health and community services system.



### ***Lines of Business***

Lines of business are discreet and coherent sets of programs and/or services that originate from the mandate (See Appendix A). The following are the Departments key areas of responsibility:

#### **Policy, Planning, Program Development and Support**

The Department provides a leadership role for programs that operate under a legislative framework, provincial policy, and/or provincial program standards. This begins with the provision of strategic directions, the development of policy and planning to promote provincial consistency and a strategic focus throughout the health system.

#### **Monitoring and Reporting**

The Department monitors and provides feedback as appropriate with respect to:

- periodic evaluation of selected elements of legislation;
- adherence to guidelines/best practices and/or funding/service delivery standards;
- periodic evaluation of select programs and services;
- budget allocation and financial monitoring; and,
- implementation of budget directions.

#### **Provincial Public Programs and Services Administration**

The Department provides supervision, control, and direct program and service delivery.

Refer to the Department of Health and Community Services Strategic Plan 2008-2011 for further details <http://www.health.gov.nl.ca/health/plans/plan2008-11.pdf>

### ***Where Health Dollars Are Spent***

<b>\$2.7 Billion (2010-2011 Actuals)</b>					
	Health Authorities and Related Services	MCP Physician Services	Medical and Drug Subsidy Program	Capital	Other
Percentage of Budget	71.3%	16.3%	5.2%	4.6%	2.6%

### ***Departmental Structure***

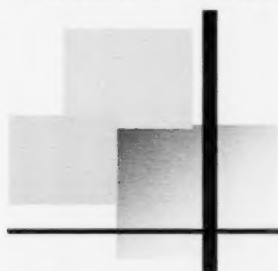
In 2010-2011 the Department of Health and Community Services had a total of 251 employees located in four office locations across the province:

- Grand-Falls Windsor (34);
- Stephenville (16);
- Confederation Building (139); and
- Margaret's Place and the Miller Centre in St. John's (62).

Branches of the Department of Health and Community Services are indicated in the table below:

<b>Branch</b>	<b>Female</b>	<b>Male</b>	<b>Total</b>
Minister/Deputy Minister's Office	15	4	19
Communications	1	2	3
Government Relations	11	3	14
Medical Services	36	11	47
Regional Health Operations	12	6	18
Policy and Planning	24	7	31
Public Health and Wellness	9	6	15
Corporate Services	75	29	104
<b>Total</b>	<b>183</b>	<b>68</b>	<b>251</b>

## Shared Partnerships



Collaboration with entities that report to the Minister (Appendix B), along with other partners, has been valuable in addressing the strategic directions of improved population health, strengthened public health capacity, improved accessibility to priority services, and improved accountability and stability in the delivery of health and community services in 2010-2011.

### **Improved population health**

According to statistics, Newfoundlanders and Labradorians do not have healthy eating habits, have high rates of smoking and do not engage in adequate levels of physical activity. Government is committed to improving the health and well being of its residents and have implemented initiatives to increase physical activity, encourage healthy eating and promote a healthier lifestyle. Many partners played an important role in progress gained such as:

- Health Authorities;
- Various Federal and Provincial Government Departments;
- Provincial Wellness Advisory Council and Regional Wellness Coalitions;
- Provincial Advisory Council on Aging and Seniors;
- Provincial Breastfeeding Coalition and committees;
- Community groups; and
- Municipalities.

### **Strengthened public health capacity**

Population health assessment, health surveillance, prevention, health promotion and health protection are the basic functions of the public health system. In order to strengthen public health capacity, a supportive infrastructure is needed along with a sufficient and competent workforce, organizational capacity and information and knowledge systems. Some partners involved this year included:

- Canada Health Infoway;
- Public Health Agency of Canada;
- Canadian Blood Services;
- Fire and Emergency Services-Newfoundland and Labrador (FES-NL) and
- Public Health Laboratory.

### **Improved accessibility to priority services**

In the past year, Government has made significant investments to improve the delivery of health care for the people of the province. Investments included cancer treatment and prevention, mental health and addictions, long term care and community support services, facility construction and redevelopment, medical services, medical equipment and more. Partners included:

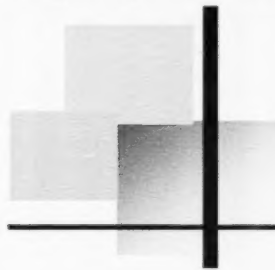
- Health Authorities;
- Professional Associations;
- Various Government Departments;
- Health services workforce; and
- Private Service providers.

### **Improved accountability and stability in the delivery of health and community services within available resources**

In 2010 Government invested \$2.7 billion in health care which was a record investment and a 10% increase over 2009 funding. Accountability and stability is essential to the sustainability of quality programs and services therefore coordination and integration of services, monitoring systems, balanced budgets, stabilization of health human resources, and utilization of information are all essential focus areas. Partners included:

- Health Authorities;
- Department of Finance;
- Newfoundland and Labrador Health Boards Association;
- Unions and Associations;
- Canadian Institute for Health Information;
- Newfoundland and Labrador Centre for Health Information;
- Office of the Chief Information Officer;
- Newfoundland and Labrador Statistics Agency; and
- Statistics Canada.

## Highlights and Accomplishments



### Improved population health

Canadian Ministers of Health met in September 2010 to discuss a range of issues important to strengthening the health of Canadians. A Declaration on Prevention and Promotion was endorsed to guide the efforts in promoting healthy living across Canada. In addition, *Curbing Childhood Obesity: A Federal-Provincial-Territorial Framework for Action to Promote Healthy Weights* was released to engage citizens, government and non-government partners, and industry to develop a shared approach to address childhood obesity.

An amendment to the *Smoke Free Environment Act* was introduced to help ensure greater protection of children and workers in the province from exposure to environmental tobacco smoke. Effective July 1, 2011, there will be a provincial ban on smoking in cars when children under the age of 16 are present, as well as a ban on designated smoking rooms in workplaces.

The new Aboriginal Health Liaison Division was established in 2010 within the Department of Health and Community Services. This Division responds to the recognition that Aboriginal health status is significantly lower than Newfoundlanders and Labradorians in general and that improved access and more culturally appropriate services are key to reducing the gaps. One of the division's primary responsibilities is to work with Aboriginal groups and governments, Health Authorities and other community health services providers and stakeholders to develop an Aboriginal Health Policy Framework. An Advisory Committee was established to guide the development of this framework that will shape future directions in Aboriginal health services and service delivery.

In May 2010 the Department of Health and Community Services carried out stakeholder consultations across Newfoundland and Labrador to gather input on proposed legislation to replace the *Neglected Adults Welfare Act*. This 38 year old piece of legislation has had few amendments since its original proclamation, therefore it was important to consult stakeholders regarding the need to remove antiquated language, reflect modern practice and policies and ensure public input. Eleven consultations were held with 137 participants, including many organizations representing persons with disabilities and seniors, as well as representation from the Health Authorities. Feedback from the consultations helped to inform the new *Adult Protection Act*, and on March 21, 2011, the Bill titled "*An Act Respecting the Protection of Adults*" received first reading in the House of Assembly.

A provincial mental health public forum was held in June 2010 followed by a Mental Health provincial conference. These venues provided an important opportunity for the general public, mental health professionals and community groups to come together to discuss mental health issues in Newfoundland and Labrador. Transforming the province's mental health system and the importance of self-help and peer support were the main themes. The introduction of a Provincial Advisory Council on Mental Health and Addictions was announced at the conference. The council includes representation from individuals who live with mental illness or addictions, family members, service providers and advocates. The council reports directly to the Minister of



Health and Community Services and advises on key mental health and addictions matters in order to enhance services and improve the lives of those living with mental health and addiction issues.

Multiple sclerosis (MS) is the most common disabling neurological disorder of young adults in Canada. In September 2010, recognizing the significant impact that MS has on those who live with the condition and the length of time it will take the MS Society of Canada and U.S. to complete research on the experimental Zamboni liberation procedure, the Provincial Government announced funding for a Newfoundland and Labrador based observation study of MS patients who had chosen to undergo the procedure. The purpose of the observational study, which is being conducted by local neurologists in the province specializing in MS, is to objectively evaluate the impact of the liberation procedure on the symptoms and progression of MS patients who undergo the procedure.

### **Strengthened public health capacity**

Influenza is much more than a bad cold; it is easily caught and easily spread. While most people recover fully it may lead to more severe and life-threatening illnesses, such as pneumonia and even death. Each year the Department of Health and Community Services reminds the public about the importance of hand washing, covering coughs and sneezes and containing the illness by staying at home to rest. As immunization is the best prevention against the flu, in 2010 the Department reminded the public that immunization is the only preventative measure proven to prevent influenza and reduce complications. Some people are at higher risk for complications and in those cases the influenza vaccine is free. In 2010 the vaccine provided protection from all three predominant types of circulating influenza viruses. As well, at risk individuals were also encouraged to receive the one-time pneumococcal vaccine which prevents pneumonia complications that can occur with influenza infection.

### **Improved accessibility to priority services**

**Did you know that each time a patient does not come for their scheduled appointment or procedure the wait list grows?**

This is because the missed appointment time goes unused instead of being booked for another patient who is waiting, and an additional appointment slot has to be used to reschedule the patient who missed their appointment.

The Province continues to perform well in meeting national wait time benchmarks for curative radiotherapy, coronary bypass surgery, cataract surgery, hip and knee replacement, hip repair and diagnostics. In December 2010, the Department implemented a new wait time information web link to provide information to Newfoundland and Labradorians about wait times, benchmarks and frequently asked questions. Please visit [www.gov.nl.ca/health/wait\\_times](http://www.gov.nl.ca/health/wait_times) for further details.

Reducing wait times for all health care services is a top priority for Government. New initiatives included improving access to acute care beds in St.

John's, the establishment of a central assessment clinic for select orthopaedic surgeries, implementation of a provincial strategy for endoscopy services, reducing the wait list for cochlear implant surgery and the hiring of an external wait time consultant.

The province also welcomed a new St. John's based air ambulance, Beechcraft King Air 350, through an \$8 million investment in Budget 2010. With the new air ambulance acquired in 2009, Newfoundland and Labrador now has two top-of-the-line aircraft to serve the people of the province in the event of health emergencies.





Government is committed to ensuring that residents of Newfoundland and Labrador can avail of services as close to their communities as possible. Through the new Isolation Grant Program, Government furthered the commitment by providing financial assistance to personal care homes that provide services in remote areas of the province. Personal care homes are private businesses, regulated by Government, that provide residential accommodations to individuals with daily care needs that prevent them from staying in their own home. The new program provides financial assistance to eligible homes in remote areas that face challenges because of their unique operating needs and environment. The assistance will help them to continue to provide services so that individuals can be close to their family support systems.

In 2010 Government announced \$2 million for the planning and development of an adult residential addictions treatment centre in Harbour Grace. The new treatment centre will help meet the needs of individuals who require longer-term residential treatment or those that have more severe, persistent addiction issues. The new centre will complement the Humberwood Treatment Centre in Corner Brook, which provides short-term treatment.

In addition;

- \$2.4 million was allocated for the continued planning and construction of a new residential treatment centre for children and youth with complex mental health needs; and
- \$2 million was provided to further the new residential treatment centre in Grand Falls-Windsor for children and youth with addictions.

Over the last number of years, Government has made substantial investments to improve the Newfoundland and Labrador Prescription Drug Program (NLPDP) to help alleviate the strain placed on individuals who struggle to afford their prescription medications. In 2010, Government recognized that the income thresholds under NLPDP Access Plan, (the Access Plan gives individuals and families with low incomes access to eligible prescription medications) that were originally set in 2006 needed to be adjusted as increases in the provincial minimum wage were causing many individuals to be ineligible for the Access Plan. In response, Government invested \$2.5 million in Budget 2010 under the Poverty Reduction Strategy to support improvements to the Access Plan by increasing the income thresholds thereby extending access to prescription drug coverage for more low-income earners. In November 2010, Government launched a province-wide marketing campaign to increase awareness and encourage eligible residents with low incomes or high prescription drug costs to apply for financial assistance available under the Access and Assurance Plans of the Newfoundland and Labrador Prescription Drug Program. The campaign consisted of print, radio, online and television ads and was a huge success.

The number of applications by eligible residents under the Access Plan increased by 40 per cent between November 2010 and February 2011. In addition, the Assurance Plan has seen an increase of 28 per cent during the same time frame. Full details of the campaign and program information can be found at

[http://www.health.gov.nl.ca/health/Access\\_and\\_assurance/access\\_and\\_assurance.html](http://www.health.gov.nl.ca/health/Access_and_assurance/access_and_assurance.html)

### **Improved accountability and stability in the delivery of health and community services within available resources**

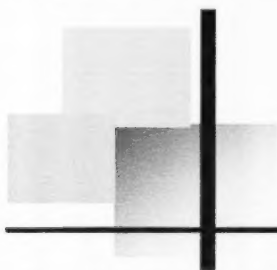
In 2010 a record of \$2.7 billion was allocated for health and community services. This investment demonstrates Government's commitment to sustain the provision of quality programs and services for the people of Newfoundland and Labrador. Some examples of investments in 2010 included;

- cancer treatment and prevention
- new construction and facility redevelopment
- repairs and renovations
- new medical equipment
- reduced wait times for services including diagnostic procedures
- enhancements to the Medical Transportation Assistance Program
- new dialysis sites
- continued support for residential treatment centres
- support to community groups and organizations

Tobacco use costs the Province several hundred million dollars annually in both direct and indirect health care costs, including productivity lost due to illness and premature death. The *Tobacco Health Care Costs Recovery Act* enhances the Province's efforts and helps alleviate the costs associated with tobacco consumption while holding the tobacco industry accountable for its actions. The *Act* allows the Provincial Government to take legal action against tobacco companies and to seek the recovery of costs associated with health care services provided to individuals who have suffered with tobacco related diseases, as well as future health care costs incurred by the Province.

A new project funded by the Federal Government will support up to 16 new family medicine residents to receive training and provide medical services in Newfoundland and Labrador. The project will provide the necessary medical training for new family residents and equip them with the skill set needed to practise in rural and remote areas throughout the province. The funding supports the Government of Newfoundland and Labrador's efforts around health human resource planning which aims to create and maintain a stable and adequate health workforce.

# Report on Mission



In the 2006-2008 Departmental Strategic Plan, the Department presented specific goals, objectives and indicators to ensure quality and accessible health and community services through initiatives relating to population health, public health capacity, accessibility to priority services and accountability processes.

In 2007-2008 Department of Health and Community Services reported to the public on the considerable progress made in the first two years of the 2006-2011 mission. In order to build on previous efforts and be responsive to changing needs, in the 2008-2011 Strategic Plan, the Department kept the 2006-2008 strategic directions, moved some existing focus areas to operational planning, introduced new focus areas and made minor revisions to the mission (see below):

## 2006-2008 Mission

By March 31, 2008 the Department of Health and Community Services will have developed and ensured implementation of provincial policies and strategies to ensure equitable and quality services in population health, to enhance public health capacity and, accessibility to priority services and to improve accountability and stability in the health and community services system.

## 2008-2011 Mission

By March 31, 2011 the Department of Health and Community Services will have guided the implementation of provincial policies and strategies that are developed to ensure equitable and quality services in population health, enhanced public health capacity, accessibility to priority services and improved accountability and stability in the health and community services system.

**Measure:** Guided implementation of provincial policies and strategies in the following priority areas:

### 2006-2008

- Access to select Health and Community Services (wait list areas)
- Long Term Care and Community Support Services
- Seniors
- Early Learning and Childcare
- Public Health Capacity
- Population Health
- Sustainability

### 2008-2011

- Long Term Care and Community Support Services
- Health and Wellness
- Prevention and Early Intervention for Children and Youth
- Chronic Disease Management
- Quality and Safety

In 2008-2011, further progress was made in the all of the focus areas, therefore the Mission reporting presents information for 2006-2008 and 2008-2011. There are six measures for the mission; the first measure requires separate reporting for 2006-2008 and 2008-2011 because the

measures and focus areas are different. However, the other five are reported under the same indicator and measure. Government's commitment over time to enhancing the quality of health care programs and services throughout the province can be seen with such multi-year term reporting.



## **2006-2008 Mission:**

"By 2011, the Department of Health and Community Services will have developed and ensured implementation of provincial policies and strategies to ensure equitable and quality services in population health, to enhance public health capacity and, accessibility to priority services and to improve accountability and stability in the health and community services system."

### **Mission Indicator #1**

Developed and ensured implementation of provincial policies and strategies

#### **Priority Areas 2006-2008**

##### **Access to select Health and Community Services (wait list areas)**

- Implemented the co-ordination and centralization of reporting comparable indicators for wait times.
- Developed The Provincial Urgency Classification for Diagnostic Imaging.
- Revised The Provincial Cataract Urgency Classification tool.
- Updated the baseline for cervical and breast screening benchmarks.

##### **Long Term Care and Community Support Services**

- Developed the *Provincial Alternate Family Care Program Operational Standards* and revised the *Provincial Co-operative Apartment Program Operational Standards* and *Provincial Personal Care Home Operational Standards*.
- Developed an indicator framework for monitoring personal care homes.
- Implemented the resident assessment instrument (interRAI MDS2.0) in select Health Authorities.

##### **Seniors**

- Developed the *Provincial Healthy Aging Policy Framework* including a monitoring and accountability framework.
- Implemented improvements to the 65 Plus Plan for pharmaceuticals to help seniors with the high cost of medication.

##### **Early Learning and Child Care**

- Implemented the Early Learning and Child Care Plan and the Early Learning and Child Care Capacity Initiative.
- Revised the Educational Supplement Program to support certified early childhood educators working in child care centers.

##### **Public Health Capacity**

- Developed new severe respiratory infection and multi-drug resistant organism policies.
- Developed infection control policies.

##### **Population Health**

- Developed and implemented the *Provincial Wellness Plan*.
- Developed and implemented the *Provincial Food and Nutrition Action Plan*.



### Sustainability

- Established the provincial HealthLine to provide toll-free health information and advice to the public 24 hours a day.
- Implemented teleoncology in cancer care in all regions of the province.
- Developed a Provincial Pharmacy Network.
- Implemented the On-Line Real-Time Claims Adjudication and Management System for the Newfoundland and Labrador Prescription Drug Program (NLPDP).
- Implemented the Physician Claims Monitoring system (CMS) to monitor the integrity of claims billed under MCP.
- Developed and implemented the MCP re-registration process.
- The *Centre for Health Information Act* was proclaimed.



## **2008-2011 Mission:**

"By March 31, 2011 the Department of Health and Community Services will have guided the implementation of provincial policies and strategies that are developed to ensure equitable and quality services in population health, enhanced public health capacity, accessibility to priority services and improved accountability and stability in the health and community services system."

### **Mission Indicator #1**

Developed, revised and/or implemented policies, protocols, guidelines, or documents:

#### **Priority Areas 2008-2011**

##### **Long Term Care and Community Support Services**

- Revised the Special Assistance Program policy to allow easier access to the program.
- Developed the *Income Based Financial Assessment Policy Manual For Home Support and Special Assistance Programs*.
- Revised several LTC CSS policies for the Home Support Program, Special Assistance Program and Personal Care Home subsidies in response to issues identified relating to access.

##### **Health and Wellness**

- In partnership with the Department of Education, developed *School Food Guidelines, Nutrition Criteria for all Food Groups, Food/Beverage/Item Review Process*, and the *Brand Name Food List*.
- Developed *A Model Policy for Healthy Meetings and Events*.
- Completed the *Newfoundland and Labrador Review of Food and Nutrition Programs and Services for Seniors*.
- Developed the website *Small Steps Big Results* in partnership with the Department of Tourism Culture and Recreation.

##### **Prevention and Early Intervention for Children and Youth**

- Revised "*Standards and Guidelines for Health in Child Care Settings*".
- Updated provincial breastfeeding resource documents.
- Developed *School Food Guidelines, Nutrition Criteria for all Food Groups, Food/Beverage Item Review Process*, and the *Brand Name Food List*.
- Developed the *Child Care Services Inclusion of Children with Special Needs Policy Manual* and the *Standards for School-Age Child Care Programs Manual*.
- Expansion of the Human Papilloma Virus Vaccination Program.
- Collaborated with the Alliance for the Control of Tobacco and the Department of Education to support the implementation of 100% smoke-free school ground policies.
- Public awareness campaigns included Booster Seat Legislation, School Food Guidelines and Food/Beverage Item Review and See It Report It It's the Law.

##### **Chronic Disease Management**

- Developed "*Gaining Ground: A Provincial Cancer Control Policy Framework for Newfoundland and Labrador*".
- Implemented Health and Wellness initiatives to address factors that influence chronic disease.
- Amended the *Tobacco Control Act*.

- Developed the website *Small Steps Big Results* in partnership with the Department of Tourism, Culture and Recreation.
- Continued support to Provincial Wellness Grants.

#### Quality and Safety

- Implemented best practices guidelines in the Provincial Blood Coordinating Program.
- Developed the *Child Care Services Inclusion of Children with Special Needs Policy Manual* and the *Standards for School-Age Child Care Programs Manual*.
- Developed a food safety course for food service workers.
- Developed the Provincial Protective Community Residence Operation Standards.
- Developed *Prevention Infection – Diabetes Care*.
- Expanded the Human Papilloma Virus Vaccination (HPV) Program for females from Grade 6 to Grade 8.

## Mission Indicator #2

Partnered and collaborated with established councils, coalitions, and advisory committees

### Priority Areas 2006-2008

- Collaborated with the Provincial Health Services Utilization Committee and the Provincial Vice Presidents of Medical Services Committee to review appropriate utilization of select services.
- Partnered and collaborated with internal and external groups and departments to ensure a seniors focus in various initiatives.
- Partnered and collaborated at the national and provincial level to enhance environmental health, surveillance, legislation, and professional development in health emergency management.
- Partnered and collaborated with stakeholders on population health issues including the Provincial Wellness Advisory Council, government departments, Health Authorities and other stakeholders.

### Priority Areas 2008-2011

- Collaborated with various government departments, the Breastfeeding Coalition, Provincial Wellness Advisory Council, and the Regional Wellness Coalition.
- Partnered in the development of *Active, Healthy Newfoundland and Labrador A Recreation and Sports Strategy For Newfoundland and Labrador*.
- Collaborated with the Alliance for the Control of Tobacco and the Department of Education to support the implementation of 100% smoke-free school ground policies.
- Collaborated on inter-departmental initiatives such as the Poverty Reduction Strategy, Violence Prevention Initiative and the Northern Strategic Plan.
- Collaborated and partnered with community groups and agencies regarding chronic disease prevention and management.

### **Mission Indicator #3**

Identified priorities for program, and policy development, public awareness, resource allocation and evaluation in selected areas

#### **Priority Areas 2006-2008**

- Enhanced the Newfoundland and Labrador Prescription Drug Program with a new program called the Assurance Plan.
- Implemented the Dental Bursary Program.
- Increased the eligibility threshold based on income for full child care subsidy.
- Increased the daily rates of subsidy fees for spaces provided to child care service licensees.
- Increased the number of licensed child care spaces and subsidized child care spaces.
- Developed the Violence Against Older Persons Public Awareness Campaign.
- Developed the Clean Cover and Contain Campaign.
- Identified priorities for resource allocation in the areas of planning/project management for facility development.
- Allocated human resources in the area of health emergency management and mental health.
- Evaluated the Healthy Beginnings postnatal program.
- Completed a best practice review for disability supports.
- Implemented a research study to inform the development of operational standards for laboratory and diagnostic imaging.

#### **Priority Areas 2008-2011**

- Developed the Newfoundland and Labrador Seniors of Distinction Awards Program.
- Developed the Age-Friendly Newfoundland and Labrador Grants Program.
- Developed the Food Safety Recognition Program.
- Public awareness campaigns included Booster Seat Legislation, School Food Guidelines and Food/Beverage Item Review; See It Report It It's the Law, Ageless Campaign, and Pandemic (H1N1) 2009 Influenza Education Campaign.
- Held a public forum to highlight mental health and addictions issues and to gather input.
- Implemented the Air Quality Health Index in partnership with Environment Canada and the provincial Department of Environment and Conservation
- Opened a new addictions treatment centre (Humberwood).
- Evaluated the Ticker Tom Program.
- Held a Pap Test Awareness Week including the theme *Send Pap Test Rates Soaring!*
- Held an Addictions Awareness Week.

#### **Mission Indicator #4**

Supported the introduction/development of advanced information technology and management systems in communicable disease surveillance

#### **Priority Areas 2006-2008**

- Supported planning for the development of a national Information technology and management system in communicable disease surveillance.

#### **Priority Areas 2008-2011**

- Developed a database for the Reporting of Healthcare Acquired Infections.
- Developed an infection control/communicable disease surveillance system.
- Developed a Mass Immunization Registry for the deployment of H1N1 vaccine.

## **Mission Indicator #5**

Responded to issues identified in monitoring health related statistics and changes in the system

### **Priority Areas 2006-2008**

- Implemented improvements to the 65 Plus Plan for pharmaceuticals to help seniors with the high cost of medication.
- Monitored health related statistics (i.e. Canadian Institute for Health Information) to identify areas for change and to determine if initiatives are having an impact on programs and services and health behaviours.
- Population health needs are monitored regularly through national reports and indicators to support policy and planning development.
- Responded to long term care system needs through facility developments and equipment enhancements.
- Developed a Seniors Profile, in partnership with the Newfoundland and Labrador Statistics Agency and the Department of Finance (Community Accounts), to monitor indicators and impact assessments.

### **Priority Areas 2008-2011**

- Monitored the personal care home sector using indicator reports based on operational standards to determine compliance.
- Completed gambling prevalence studies. Trends are monitored so that programs and services are responsive to the needs of individuals.
- Monitored food costs through the Newfoundland and Labrador Nutritious Food Basket Survey and the results are used to assist individuals and families with budgeting.



## Mission Indicator #6

Increased departmental focus on quality and safety

### Priority Areas 2006-2008

- Allocated human resources in the area of health emergency management to increase capacity in preparation for potential emergencies and disasters.
- Established a provincial Health Line to provide toll-free health information and advice to the public 24 hours a day.
- Updated the baseline for cervical and breast screening benchmarks.
- Developed the Violence Against Older Persons Public Awareness Campaign.
- Developed the Clean Cover and Contain Campaign.
- Expanded the capacity of the Emergency Measures Organization by adding to the antiviral stockpile and enhance human resources.
- Developed the *Provincial Alternate Family Care Program Operational Standards* and revised the *Provincial Co-operative Apartment Program Operational Standards* and *Provincial Personal Care Home Operational Standards*.
- Implemented the co-ordination and centralization of reporting comparable indicators for wait times.
- Developed The Provincial Urgency Classification for Diagnostic Imaging.
- Revised The Provincial Cataract Urgency Classification tool.
- Developed a Provincial Pharmacy Network.
- Implemented the On-Line Real-Time Claims Adjudication and Management System for the Newfoundland and Labrador Prescription Drug Program (NLPDP).

### Priority Areas 2008-2011

- Demonstrated a high level of compliance with the implementation of indicator reports as part of monitoring the introduction of provincial care and operational standards in the personal care home sector.
- Opened a provincial addictions treatment centre (Humberwood).
- Implemented the Air Quality Health Index in partnership with Environment Canada and the provincial Department of Environment and Conservation.
- Developed the Food Safety Recognition Program.
- Developed the Pandemic (H1N1) 2009 Influenza Education Campaign.
- Developed a database for the Reporting of Healthcare Acquired Infections.
- Developed the *Provincial Protective Community Residence Operation Standards*.
- Revised "*Standards and Guidelines for Health in Child Care Settings*".
- Implemented best practices guidelines in the Provincial Blood Coordinating Program.
- Unveiled 2 new air ambulances to provide transportation for health emergencies.
- Developed a food safety course for food service workers.
- Developed an infection control/communicable disease surveillance system.
- Established a provincial co-ordinating office to manage adverse event reporting.
- Implemented recommendations of the Commission of Inquiry on Hormone Receptor Testing Report.

## **Discussion of Results**

Examples of the Department's progress in achieving the 2011 mission are listed below:

### **Improved Population Health**

There have been many policies and strategies developed over the past six years. For example in population health, the Provincial Wellness Plan was implemented to encourage healthy eating, physical activity, tobacco control, and injury prevention. This province has some of the highest rates of chronic disease such as heart disease, obesity and diabetes, smoking, physical inactivity and poor nutrition. The implementation of a wellness plan was seen as an important first step in improving the health of the provincial population and helping all Newfoundlanders and Labradorians achieve their optimal state of wellness.

### **Strengthened Public Health Capacity**

In the area of public health capacity, several policies were developed, including the reporting of health care associated infections; as well a new tracking system was implemented to monitor same. Non-compliance policies, under the Food Safety Program, were revised to address instances of critical items being observed in consecutive inspections of food establishments.

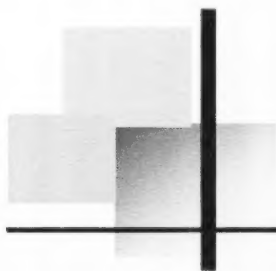
In 2009 a new respiratory illness outbreak occurred and was identified as pandemic strain H1N1. The first case of H1N1 was identified in Newfoundland and Labrador in June 2009 and the Department of Health and Community Services quickly responded. Policies were implemented, a mass immunization registration created, and coordination with Health Authorities and government departments and agencies occurred. This response guided the Health Authorities to set up flu assessment and immunization clinics and distribution of anti-virals to community pharmacies. Newfoundland and Labrador led an effective response by achieving a significantly higher immunization rate than the rest of the country by establishing effective laboratory, surveillance and treatment plans, thereby reducing the burden of the disease on the population.

### **Improved Accessibility to Priority Services**

Improving access to cancer care has been a priority for the Provincial Government for the past several years. In November 2010, Government furthered its commitment to enhance this priority service with the development and release of a provincial cancer control strategy *Gaining Ground: a Provincial Cancer Control Policy Framework for Newfoundland and Labrador*. The goal of the strategy is to reduce the incidence and impact of cancer and to improve the quality of life of those living with cancer. To achieve this, nine key policy directions were identified, cancer prevention through promoting a healthy population; identifying individuals at risk; coordinating care; supportive and palliative care; clinical practice guidelines; access and advocacy; surveillance and information systems and technology; education and training; and accountability and measuring success.

### **Improved Accountability and Stability In The Delivery of Health and Community Services Within Available Resources**

The Department is committed to improving accountability and stability in the delivery of health and community services. The report of the Commission of Inquiry on Hormone Receptor Testing released in 2009, provided direction on steps to enhance the health care system provincially. The recommendations were acted upon promptly and policies and procedures were implemented. (E.g. adopting apology legislation and establishing a provincial coordinating office to manage adverse event reporting.) Approximately 92% of the recommendations have been completed.



### Goal 2008-2011 and Annual Objective 2010-2011

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The following section outlines the progress that has been made on the strategic issues of Long Term Care and Community Support Services, Health and Wellness, Prevention and Early Intervention for Children and Youth, Chronic Disease Management, and Quality and Safety. Improvements in the health and community services sector support the strategic directions of Government and will contribute to the overall health and well-being of Newfoundlanders and Labradorians.

#### **Issue #1 - Long Term Care and Community Support Services**

The Long Term Care and Community Support Services (LTC CSS) system offers a wide range of support services and programs that provide individuals with the opportunity to live as independently as possible within the services provided. This system consists of residential services such as long term care facilities, personal care and community care homes, alternate family care homes and other independent living arrangements. In addition non-residential services such as home support and medical supplies and equipment are provided to eligible individuals and families.

Given the demographics of a rapidly aging population in Newfoundland and Labrador, LTC CSS will remain a priority area for the foreseeable future. Long Term Care and Community Support Services has been a focus area for the Department in the past three years recognizing the importance of providing services to older persons and persons with a disability. The following report on 2010-2011 progress supports Government's strategic direction of improved access to priority services.

### Goal

By March 31, 2011, the Department of Health and Community Services will have introduced more flexible and responsive service to provide individuals and families with increased choice in selecting the appropriate long term care and community support services

### Measure

Introduced flexible and responsive services

### Goal Indicators for LTC CSS 2008-2011

Indicators	2008-2011 Progress
Increased number of program service options available	<p>Short term home care and end of life services were enhanced in 2008, to allow individuals increased options to remain at home to receive the care they require. These enhancements included case management, nursing and personal care, home support and the provision of pharmaceuticals, medical supplies and equipment.</p> <ul style="list-style-type: none"><li>• From 2008-09 to 2009-10 the number of new referrals to the End of Life Program increased by 63%.</li><li>• From 2008-09 to 2009-10 the number of new referrals to the Acute Short Term Home Care Program has increased by 16%.</li></ul> <p>In 2008, the home support hourly rate paid to home support worker's was increased. This increased support allowed more seniors and persons with disabilities the choice to remain in their own home instead of placement. From 2008-09 to 2009-10 the number of individuals receiving home support services has increased by 15%.</p> <p>In 2008 the Special Assistance Program was expanded with the addition of portable oxygen to the benefits list. Portable oxygen allows eligible individuals to become more mobile in their daily living activities.</p> <p>Over the past three years several new facilities have been opened that provide alternative options to people who have long term care needs. For example the Albert O'Mahony Memorial Manor in Clarendville opened in June 2009 which enabled individuals to avail of residential services near their families and home community.</p> <p>In 2008-2009, work focused on improving the financial assessment for individuals that receive home support and those who receive services within community residential programs, community or personal care homes or long term care homes. By increasing the liquid asset exemptions some people who previously had to contribute relatively large amounts to receive subsidized care will need to contribute less and some would not have to contribute at all. This change meant that some</p>

	<p>individuals could now choose to receive home support where otherwise they couldn't.</p> <p>Personal care home subsidy rates were increased meaning that more people were able to choose residential care in a more affordable manner. From 2008-2009 to 2010-2011 the number of residents in personal care homes has increased by 6%.</p>
<b>Increased diversity in available programs and services</b>	<p>The addition of portable oxygen to the benefits list of the Special Assistance Program has allowed eligible individuals to become more mobile in their daily living activities and has increased diversity in that program area.</p> <p>Changes have been made to short term home care and end of life services. These programs now provide case management, nursing and personal care, home support and the provision of pharmaceuticals, medical supplies and equipment. This diversity allows individuals increased options to remain at home to receive the care they require.</p>
<b>Increased flexibility and responsiveness in responding to identified needs</b>	<p>In response to the need to reduce the financial barriers individuals and families were experiencing in accessing the home support program and the special assistance program, an improved financial assessment was implemented. This change allowed individuals to retain increased liquid assets when applying for services, thus reducing the barrier identified when accessing this priority service.</p>
<b>Introduced innovative models of care</b>	<p>An innovative model of care was introduced inclusive of an assessment model that has needs based options. Examples include the financial assessment for both the Home Support Program and the Special Assistance Program. In addition, interRAI Home Care, a standardized assessment tool was implemented and is used in the community for individuals wishing to access community or long term care services.</p>

In 2010-2011 work continued to achieve the goal of introducing more flexible and responsive service with increased choice in selecting the appropriate long term care and community support services. The objective for the past year and the progress made to achieve that objective follows.



### **Objective for 2010-2011**

By March 31, 2011, the Department of Health and Community Services will have increased the quantity and diversity of options, and corresponding assessment models available to persons seeking long term care and community support services.

### **Measure**

Increased the quantity and diversity of options, and corresponding assessment models

### **Objective Indicators for Long-term Care and Community Support Services 2010-2011**

<b>Indicators</b>	<b>2010-2011 Progress</b>
<b>Presented the LTC CSS strategy to Departmental Executive</b>	A proposed strategy was drafted, but is not finalized. Consultations and roundtables for the LTC CSS strategy were held throughout the province in 2010. Stakeholders and the general public were encouraged to provide input on the vision, mission and guiding principles to form the basis of a new strategy.
<b>Completed a utilization analysis of the 2009-2010 changes in selected programs</b>	<p>A utilization analysis has been completed and has demonstrated increased uptake in the financial assessment for Home Support and Special Assistance Programs. This has made receiving home support less costly for the majority of individuals.</p> <p>A utilization analysis has been completed to track the increase in the number of subsidies provided to individuals who qualified for the personal care home subsidy.</p> <p>In 2010 the number of portable subsidies for individuals requiring subsidization in personal care homes was increased to reduce the waitlist. A utilization analysis was completed to determine the uptake and impact of the change. The information resulting from this analysis will inform future policy and program direction.</p>
<b>Continued implementation of rate increases in identified program areas</b>	<p>The Provincial Home Support Program provided support to seniors, adults and children who required assistance to remain independent and in their homes. Budget 2010 allocated \$8.9 million to increase the home support hourly subsidy rate.</p> <p>\$3.2 million was also allocated to increase the personal care home subsidy rate and the number of portable subsidies to respond to the personal care home waitlist.</p>
<b>Supported Health Authorities to implement operational standards</b>	Operational standards for the new income based financial assessment for home support as well as the new access criteria for the Special Assistance Program were developed by the Department in Spring 2009. In 2010-2011, a series of information sessions, teleconferences, and one-on-one consultations were held with the Health Authorities to support implementation and assist in the interpretation of these standards.



<p><b>Continued implementation of the interRAI-HC assessment tool</b></p>	<p>Continued implementation of the interRAI suite of assessment tools occurred in 2010-2011. Technical requirements to operate the electronic assessment instrument were developed, education sessions were held with Health Authorities and dedicated resources were allocated at the regional level to guide the implementation.</p>
<p><b>Continued collaboration to meet the needs of an aging population and persons with disabilities</b></p>	<p>The Provincial Government held a series of public consultation sessions and roundtables to seek input from stakeholders and the general public on the vision, mission and guiding principles to form the basis of a new provincial LTC CSS strategy. The collaboration was important in identifying the challenges and potential solutions in the current system and to guide the development of a future LTC CSS system.</p> <p>Collaboration with private service providers and community agency groups is valuable to the department to identify issues and potential solutions for their sector of service delivery. Continued collaboration will enhance Governments knowledge in providing an appropriate response to service provision in the future.</p> <p>The continued implementation of interRAI requires collaboration with Health Authorities, NLCHI, OCIO, and CIHI and is important to the success of the implementation.</p> <p>Continued collaboration with other government departments and agencies is ongoing for the purpose of knowledge sharing and ensuring an integrated approach to service delivery for our aging population and persons with disabilities.</p>

## Discussion of Results

In 2008-2011, significant changes were made to the LTC CSS system to improve access to priority services by offering more choice, options and service diversity. Policy changes and service enhancements were introduced to provide more flexible and responsible services. These changes and enhancements were a result of the Provincial Government's strategic investments of more than \$380 million in new funding over the last five years. Through these investments there have been improvements to infrastructure, improved wages for home support workers, improved access to home support services and medical aids and equipment, increased stability of and access to personal care homes and increased access to supports for palliative and end of life care.

Individuals and groups who participated in the consultations in August and September 2010, stated that having support and assistance as close to their home and community as possible, should be a key objective in developing and providing services. As well, individuals want choice in living in a place that maximizes independence. The information resulting from this consultation will also inform the long term care and community support services strategy. Implementing changes within the sector will require cooperation between the Department of Health and Community Services, other provincial government departments, Health Authorities, services providers, the LTC CSS workforce, individuals receiving services their families and caregivers, as well as the general public.

## Issue #2 - Health and Wellness

Statistics show that our province has some of the highest risk factors for chronic conditions. Unhealthy eating habits, smoking, and lack of physical activity contribute to health related illnesses including diabetes, cardiovascular disease and others. Improving the health and well being of Newfoundlanders and Labradorians is a priority for Government and supports the Department's vision for individuals, families and communities to achieve optimal health and well being. The implementation of the Provincial Wellness Plan was a significant step in supporting the people of the province to live a healthy lifestyle. By focusing on identified priority areas the plan supported the strategic direction of Government to improve population health.

### Goal

By March 31, 2011, the Department of Health and Community Services will have enhanced capacity to improve the health of the population by focusing on the following identified priority wellness areas from Phase 1 and 2 of the Provincial Wellness Plan:

### Phase 1 and 2

Healthy Eating	Mental Health Promotion
Physical Activity	Child and Youth Development
Tobacco Control	Environmental Health
Injury Prevention	Health Protection

### Measure

Enhanced capacity

### Goal Indicators for Health and Wellness 2008-2011

Indicators	2008-2011 Progress
Continued implementation of Phase 1 wellness priorities	Continued implementation of Phase 1 wellness priorities has occurred and has been reported in the annual performance reports from 2008 to 2011. Examples include: <ul style="list-style-type: none"><li>• Developed specific nutrition criteria for the School Food Guidelines and a food/beverage item review process</li><li>• The <i>Tobacco Control Act</i> was amended to ban power walls</li><li>• Provincial Wellness Grants were provided to community based projects focusing on healthy eating, active living, staying smoke free and injury prevention</li><li>• New Booster Seat Legislation was introduced</li></ul>
Initiated activity in all Phase 2 wellness priorities	Activity has been initiated in all Phase 2 wellness priorities and has been reported in the annual performance reports from 2008-2011. Examples include: <ul style="list-style-type: none"><li>• Community groups across the province received funding in 2010 to enable them to offer a variety of programs to people affected by mental health and addictions issues</li><li>• A toolkit was developed for use in schools to promote positive self-esteem and body image.</li><li>• A new Food Safety Recognition Program was developed to recognize food establishments that go beyond the minimum standards for food safety.</li><li>• Prevention Infection – Diabetes Care was developed to</li></ul>

	heighten awareness that infections can be spread from the blood of an infected person by sharing diabetic care equipment or items used for personal care.
<b>Continued partnership development with existing and new stakeholder groups</b>	New and existing partnerships have been developed which are essential to the success of provincial wellness initiatives. Partnerships included priority issues working groups and committees, Health Authorities, and Regional Wellness Coalitions. Many partners are linked through the Provincial Wellness Advisory Council which includes representation from non-government agencies, professional associations and government departments and new this year was the Department of Municipal Affairs. Other new partners included the Eat Great and Participate Project Steering Committee which supports and promotes healthy eating in recreation, sport and community facilities along with the Dietician Network for Seniors Nutrition which supports and promotes healthy eating for seniors.
<b>Completed three Annual Report Cards on the Provincial Wellness Plan</b>	Three Annual Report Cards on the Provincial Wellness Plan have been completed and highlight the many activities and highlights since 2008.
<b>Implemented public awareness initiatives</b>	Public awareness initiatives have been implemented, examples include: <ul style="list-style-type: none"> <li>• Food Safety Recognition Program for food establishments</li> <li>• Booster Seat Legislation</li> <li>• School Food Guidelines</li> <li>• Food/Beverage Item Review</li> <li>• Pandemic (H1N1) 2009 Influenza Education</li> <li>• Pap Test Awareness Week</li> <li>• Addictions Awareness Week</li> </ul>
<b>Introduced new or revised policy guidelines, programs and services in selected areas</b>	New or revised policy guidelines, programs and services were introduced, examples include: <ul style="list-style-type: none"> <li>• School Food Guidelines</li> <li>• Nutrition Criteria for all Food Groups</li> <li>• Food/Beverage/Item Review Process</li> <li>• Brand Name Food List</li> <li>• A Model Policy for Healthy Meetings and Events</li> <li>• Newfoundland and Labrador Review of Food and Nutrition Programs and Services for Seniors</li> <li>• Standards and Guidelines for Health in Child Care Settings</li> <li>• 100% Smoke Free School Ground Policies</li> <li>• Amendments to the Tobacco Control Act that prohibits the display of tobacco products.</li> <li>• Child Care Services Inclusion of Children with Special Needs Policy</li> <li>• Standards for School-Age Child Care Programs</li> <li>• Booster Seat Legislation</li> <li>• Human Papilloma Virus Vaccination Program</li> </ul>

**Completed evaluations on  
selected initiatives**

Evaluations were completed on the following select initiatives:

- Phase 1 of the Provincial Wellness Plan
- Effective practices to consider in the development of new initiatives for Phase 2 of the Provincial Wellness Plan
- Ticker Tom Program



Work continued in 2010-2011 to achieve the goal of enhanced capacity to improve the health of the population by focusing on identified priority wellness areas from Phase 1 and 2 of the Provincial Wellness Plan. Below is the objective for the past year and the progress made to achieve that objective.

### Objective for 2010-2011

By March 31, 2011, the Department of Health and Community Services will have addressed the sustainability of the Provincial Wellness Plan

### Measure

Addressed the sustainability

### Objective Indicators for Health and Wellness 2010-2011

Indicators	2010-2011 Progress
<b>Continued implementation of identified priorities</b>	<p>Increased funding in the amount of \$200,000 was provided under the Provincial Wellness Grants Program with a specific focus on increasing opportunities for children to be physically active and improving access to recreation facilities and services.</p> <p>The Department is committed to ensuring that all people have physical and economic access to sufficient safe and nutritious food to meet dietary needs and preferences for a healthy life. Support was provided to the Food Security Network to build capacity in communities to make action plans for food security. The network is a provincial non profit organization established to promote comprehensive community based solutions to adequate food for all.</p> <p>The Born Smoke Free Programs was re-launched with program resources for new parents to promote smoke free environments for infants and their families.</p> <p>Introduced amendments to the <i>Smoke Free Environment Act</i> to prohibit smoking in vehicles where children under the age of 16 years are passengers.</p>
<b>Monitored identified healthy behaviour indicators</b>	<p>Healthy behaviour indicators were monitored as follows:</p> <ul style="list-style-type: none"> <li>• Breast feeding</li> <li>• Vegetable and fruit consumption</li> <li>• Overweight and obesity</li> <li>• Smoking and exposure to second hand smoke</li> <li>• Physical activity</li> </ul> <p>In Newfoundland and Labrador some examples of monitored successes include:</p> <ul style="list-style-type: none"> <li>• From 2005-2009, the breastfeeding initiation rate had levelled off at 65%; in 2010 there was a modest increase to a 66% breastfeeding initiation rate.</li> <li>• Vegetable and fruit consumption increased from 23.5% in 2005 to 31% in 2009.</li> <li>• From 2005-2008 overweight/obesity rates in 13-17 year olds increased from 26% to 35%; in 2009 the rate declined to</li> </ul>



	30% for this age group. <ul style="list-style-type: none"> <li>Smoking rates have declined among individuals aged 15 years and older from 28% in 1999 to 21% in 2009.</li> </ul>
<b>Completed Provincial Wellness Plan Annual Report Card</b>	The Provincial Wellness Plan Annual Report Card was completed which highlighted progress for wellness priorities and initiatives.
<b>Continued partnership development</b>	Collaboration and partnerships are essential to support the initiatives of the Provincial Wellness Plan. Many partners are linked through the Provincial Wellness Advisory Council which includes representation from non-government agencies, professional associations and government departments. Also, partnerships with priority issues working groups and committees, Health Authorities, and Regional Wellness Coalitions are key to the promotion of health and wellness.

## Discussion of Results

Government has been committed to improving the health of the population and helping Newfoundlanders and Labradorians to achieve their optimal state of wellness. Implementation of the Provincial Wellness Plan from 2006 to present is considered a progressive step in helping to promote healthy eating habits, physical activity, tobacco and injury prevention. Through partnerships with key stakeholders, a considerable amount of work has been completed to educate the public on the benefits of an active and healthy lifestyle and to support them in making the important steps needed to improve overall health and wellness. Healthy Students, Healthy Schools was developed, Provincial Wellness Grants were launched, the Provincial Food and Nutrition Framework and Action Plan was released, tobacco control initiatives were implemented, injury prevention initiatives such as Booster Seat Legislation were introduced, and many other priority areas were addressed.

Many accomplishments have been achieved over the past number of years in the area of health and wellness. While statistics show that healthy behaviors are improving, the commitment to improve the health of Newfoundlanders and Labradorians continues to be a priority. The focus for the coming years will be to improve population health across the lifespan. Strong partnerships and a supportive environment where healthy choices are made will contribute to achieving health and wellness.



### Issue #3 - Prevention and Early Intervention for Children and Youth

Supporting healthy holistic child development, preventing risk and minimizing negative influences during the critical period of growth and development has been a priority for the Department in this planning cycle. To help ensure the protection and well-being of children, youth and their families, Government created the new Department of Child, Youth and Family Services in 2009. That department is now responsible for child protection, adoption, youth corrections, child care services, and family resources centres.

The Department of Health and Community Services continues to ensure that child development is supported with programs and services that are focused on prevention and early intervention recognizing that child development begins before birth. This supports the strategic direction of improving access to priority services with a focus on prevention and early intervention for children, youth and their families.

#### Goal

By March 31, 2011, the Department of Health and Community Services will have incorporated an increased focus on prevention and early intervention programs and services for children, youth and their families in the design and development of programs, services plans, strategies and other required documents.

#### Measure

Increased focus on prevention and early intervention demonstrated

#### Goal Indicators for Prevention and Early Intervention for Children and Youth 2008-2011

Indicators	2008-2011 Progress
<b>Plans, strategies, programs and services assessed to determine the extent to which a focus on prevention and early intervention programs and services for children, youth and their families is included at present and over time</b>	<p>The following initiatives were assessed to determine the extent to which the required focus was present and revised to maximize, and where possible, fully focus on prevention and early intervention programs and services for children, youth and their families:</p> <ul style="list-style-type: none"><li>• School Food Guidelines</li><li>• Standards and Guidelines for Health in Child Care Setting</li><li>• Child Care Services Inclusion of Children with Special Needs Policy Manual</li><li>• Standards for School-Age Child Care Programs</li><li>• 100% smoke free school grounds policies</li><li>• Human Papilloma Virus (HPV) Vaccination Program</li><li>• Booster Seat Legislation</li><li>• Provincial Wellness Grants program</li></ul> <p>In assessing the importance of providing opportunities for youth to participate in recreation, wellness and leadership activities and the impact these opportunities have on the development of mental, physical and social health now and into the future, the Provincial Wellness Grants Program introduced Youth Physical Activity Grants in 2011. These grants will increase opportunities for children to be physically active and improve access to</p>

	recreation facilities and services.
<b>Increased collaboration across programs and service areas</b>	<p>Increased collaboration across programs and service areas included some of the following groups:</p> <ul style="list-style-type: none"> <li>• Health Authorities and other Government Departments</li> <li>• Breastfeeding Coalition of Newfoundland and Labrador</li> <li>• Provincial Wellness Advisory Council and Regional Wellness Coalitions</li> <li>• Newfoundland and Labrador Alliance for the Control of Tobacco</li> <li>• Newfoundland and Labrador Centre for Health Information</li> <li>• Kids Eat Smart Foundation Newfoundland and Labrador</li> <li>• Community Groups and agencies</li> </ul>
<b>Increased public awareness of prevention and early intervention programs and services</b>	<p>While public awareness was not measured, the implementation, uptake and response to the implementation of new initiatives, as stated below, demonstrated increased awareness of prevention and early intervention programs/ services by members of the public and intended audiences:</p> <ul style="list-style-type: none"> <li>• Booster Seat Promotional Campaign and Legislation</li> <li>• School Food Guidelines were adopted by all school districts</li> <li>• Food/Beverage Item Review provided the food/beverage industry with the opportunity to have new food items assessed for compliance with the School Food Guidelines. Approved items are placed on the Department's website.</li> </ul>

In 2010-2011 work continued to achieve the goal of incorporating an increased focus on prevention and early intervention programs and services for children, youth and their families in the design and development of programs, service plans, strategies and other required documents. Below is the objective for the past year and the progress made to achieve that objective.

### **Objective for 2010-2011**

By March 31, 2011, the Department of Health and Community Services will have increased the focus on prevention and early intervention programs and services for children, youth and their families.

### **Measure**

Increased focus on prevention and early intervention programs and services

### **Objective Indicators for Prevention and Early Intervention for Children and Youth 2010-2011**

Indicators	2010-2011 Progress
<p><b>Increased capacity in programs and services such as immunization and mental health</b></p>	<p>In Fall 2010, changes were made to the childhood immunization program to provide newer vaccines to children aged 2-18 months. For example the Pneumococcal vaccine was introduced to better protect children from pneumonia.</p> <p>\$800,000 was allocated to continue funding the human papilloma virus (HPV) immunization program for adolescent females. The uptake of this vaccine has been 85% and offered to girls born 1994 and later.</p> <p>\$300,000 was provided to support new community based projects with a focus on mental health, addictions and other issues helped people on a daily basis to improve their lives and overcome their mental health and addiction issues.</p> <p>Approximately \$500,000 was provided to enhance child psychiatry services at the Janeway Hospital which assisted with the implementation of recommendations from an operational review. A new model of care was approved and education and training for staff increased capacity in programs and services.</p> <p>Increased human resources for the child psychiatry unit including child and youth workers, a psychologist, occupational therapist and a social worker.</p> <p>One time funding initiatives included:</p> <ul style="list-style-type: none"> <li>• \$144,500 for a Suicide Prevention and Intervention program for coastal communities in Labrador.</li> <li>• \$80,000 to the Canadian Mental Health Association NL to develop a mental health and anti-stigma project which was presented in schools.</li> </ul>

<p><b>Increased support for professional development related to healthy child and youth development</b></p>	<p>Increased support for professional development relating to healthy child and youth development included:</p> <ul style="list-style-type: none"> <li>• A professional education training session "Making A Difference" was held for nurses who provide services within the Provincial Perinatal Program. This training session supported the Baby Friendly Initiative and provided information about infant feeding practices.</li> <li>• A toolkit was developed for physicians to increase support for breastfeeding and to provide standardized information to support the breastfeeding mother.</li> <li>• Various education initiatives were held for public health nurses to update knowledge and skills related to immunization. The majority of immunizations for infants and school-aged children are provided by public health nurses</li> </ul>
<p><b>Increased support to self-help initiatives and family support services</b></p>	<p>Increased support was provided to establish a provincial eating disorders program. The Centre for Hope is a day treatment program in St. John's that services the province's children and adults dealing with eating disorders.</p> <p>Provincial Wellness grants provided additional support to various communities including grants with a focus on children and youth. For example the Garnish Community Centre received \$20,000 to design and manage activity programs. A program for school age youth takes place after school and includes indoor soccer, floor hockey and volleyball. As well the Lower Trinity South Regional Development Association received \$30,000 to raise awareness of food security and promote healthy eating. Students and participants from the Family Resources Centres learned how to plant seeds, care for their plants and when to harvest.</p>

## Discussion of Results

Investments in the early stages of human development positively impact life long health and well being. The Department has increased the focus on prevention and early intervention programs and services for children, youth and their families over the past number of years and will continue to focus on improving child development with emphasis on enhanced initiatives for the prevention, protection and promotion of health and well being.





## Issue #4 - Chronic Disease Management

Chronic diseases can often be prevented and better managed to prevent complications and further progression of the disease. A coordinated and systematic approach is required to assist individuals and their families to manage their chronic condition and improve their quality of life. Unlike many acute illnesses that can be treated and cured, arthritis, cancer, chronic pain, diabetes, heart disease, kidney disease, lung disease and stroke can remain with people for the rest of their lives. A comprehensive approach for chronic disease management involves self-management support, coordinated services, the use of standards and guidelines, and a close working relationship with community partners.

### Goal

By March 31, 2011, the Department of Health and Community Services will have increased capacity in the area of chronic disease management.

### Measure

Increased capacity in the area of chronic disease management.

### Goal Indicators for Chronic Disease Management 2008-2011

Indicators	2008-2011 Progress
Implemented a strategy to increase the capacity for the effective management of chronic diseases	The establishment of a new Division of Chronic Disease Control and required preparatory work to coordinate the various aspects of this strategy delayed the development and implementation of a provincial chronic disease strategy.
Developed provincial guidelines and standards, based on clinical practice guidelines, for selected chronic diseases	<p>The Cancer Control Strategy implemented in 2010 included the development of provincial guidelines and standards based on clinical practice guidelines for cancer care.</p> <p>The Stroke Strategy was implemented in 2006 and laid out a plan for an integrated system based on prevention, acute, rehab, and community reintegration. Many of the standards and guidelines followed with regard to stroke care were developed by the National Stroke Network so that care for people with stroke, or preventing stroke are national guidelines.</p>
Established a chronic disease database to support effective care planning and management	Options for the development of a chronic disease database have been explored and preliminary work has started on the collection of data for select chronic diseases, such as diabetes. Establishing a database required further development and is taking longer than expected given the establishment of the new Division and other preparatory work that was also occurring.
Established a monitoring system to measure the uptake of selected chronic disease prevention and management practices	A draft monitoring system is being developed to measure the uptake of selected chronic disease prevention and management practices. Establishing this system required further effort and is taking longer than expected given other initiatives that were also occurring.

### Discussion of Results

Over the past three years the Department continued to make progress on the goal and objectives related to increased capacity for chronic disease management and Government's strategic direction of improved population health. Provincial leadership was established with the formation of the Division of Chronic Disease Control whose mandate is to develop policies and programs for the prevention and management of chronic diseases. A Chronic Disease Advisory Committee was also formed and includes representatives from the four Health Authorities. Strong working relationships have been established with community partners and valuable insight has been obtained about the needs of people suffering with chronic disease in the province. Taking the time to lay the groundwork in this area will support the further development and integration of specialized databases and monitoring systems that will be needed to report progress in future years. Similarly, while some disease specific strategies have been released, this work also complements the release of the more comprehensive Chronic Disease Management Strategy in 2012.





In 2010-2011 work continued to achieve the goal of increased capacity in the area of chronic disease management. Below is the objective for the past year and the progress made to achieve that objective.

### Objective 2010-2011

By March 31, 2011, the Department of Health and Community Services will have implemented a monitoring mechanism to measure the integration of the provincial chronic disease strategy into practice for the management of chronic diseases and conditions.

### Measure

Implemented a monitoring mechanism

### Objective Indicators for Chronic Disease Management for 2010-2011

Indicators	2010-2011 Progress
<b>Proposed strategy submitted to Departmental Executive</b>	A proposed strategy for chronic disease prevention and management was drafted but not finalized.
<b>Identified key priority actions</b>	<p>Although there has been a delay in the development of a Chronic Disease Management Strategy, the Department has implemented several initiatives to promote prevention and to help those living with chronic disease manage their condition. Identified key priority actions included:</p> <ul style="list-style-type: none"> <li>• <i>Gaining Ground: a Provincial Cancer Control Policy Framework for Newfoundland and Labrador</i> was developed and released. The goal of the Framework is to provide key policy directions that will be used to guide cancer control efforts in the province in the coming years.</li> <li>• A new Colorectal Cancer Screening Program was introduced to further enhance and improve cancer care throughout the province. The goal of the screening program is to reduce mortality through the early detection.</li> <li>• In 2010, \$3.2 million was invested to cover the cost of new drug therapies under the Newfoundland and Labrador Prescription Drug Program including therapies for the treatment of cancer, pulmonary hypertension and diabetes.</li> <li>• The Insulin Pump Therapy Program was expanded to include adults aged 18-25 years. Use of an insulin pump can lead to better control of diabetes thereby reducing the risk of serious complications including blindness, nerve damage and kidney disease.</li> <li>• Established provincial leadership with the formation of a Chronic Disease Control Division with staff dedicated to policy and program development for chronic disease management.</li> <li>• A Chronic Disease Advisory Committee has been established with representation from the Health Authorities and community organizations. The committee provides input and direction on the development of a provincial chronic disease prevention and management strategy.</li> </ul>

<b>Implemented policy directions</b>	<p>Policy directions were implemented for the development of a Provincial Colorectal Cancer Screening Program to be administered by Eastern Health.</p> <p>Developed and implemented policy directions respecting a Provincial Insulin Pump Therapy Program administered by Eastern Health.</p>
<b>Collected information on best practices for the management of chronic disease</b>	<p>Performed jurisdictional scans and literature reviews to identify national and provincial health policy and best practices for the management of chronic diseases.</p> <p>Several models of chronic disease self-management were investigated. Consultations were held within the Atlantic Provinces to collect information regarding self-management program outcomes.</p>
<b>Reported on the progress of implementing actions for the management of chronic disease</b>	<p>Progress of implementing actions for the management of chronic diseases were reported as follows:</p> <ul style="list-style-type: none"> <li>• Reported on the uptake of expansion to the Insulin Pump Therapy Program in March 2010</li> <li>• Reported on the uptake of the Provincial Breast Screening Program as a result of additional investments in digital mammography resources in November 2010.</li> <li>• Reported the successful participation of implementing the Multiple Sclerosis Observational Study in February 2011</li> <li>• Reported on the success of the new Provincial Prescription Drug Program Marketing Campaign which provides medications including those for chronic diseases in March 2011.</li> <li>• Reported on the progress of addressing wait times for various health care services including cardiac care, hip and knee replacements and cancer screening initiatives in March 2011.</li> </ul>

## **Discussion of Results**

Although there has been a delay in the development of a Chronic Disease Management Strategy, the Department has implemented several initiatives, as indicated above, to promote prevention and to help those living with chronic disease manage their condition and work will continue in this regard in 2011-2012.

## Issue #5 - Quality and Safety

The delivery of high quality and safe services for the residents of Newfoundland and Labrador and its' providers, is a commitment of the Department of Health and Community Services. The Department recognizes its leadership role to support provincial and regional efforts to improve quality and safety. By identifying quality and safety as a strategic issue and by developing standards and monitoring mechanisms, Government's overall strategic direction of improved accountability and stability in the delivery of health and community services is strengthened.

Over the past three years, the Department has demonstrated its commitment to quality and safety despite our changing demographic profile and vast geographic landscape. The recommendations of the Commission of Inquiry on Hormone Receptor Testing were immediately acted upon to enhance the health care system. This resulted in strengthened performance monitoring, the adoption of apology legislation, the identification of best practices and the implementation of quality and safety initiatives.

### Goal

By March 31, 2011, the Department of Health and Community Services will have strengthened organizational systems within the health and community services sector that foster quality and safety.

### Measure

Strengthened organizational systems within the health and community services sector.

### Goal Indicators for Quality and Safety 2008-2011

Indicators	2008-2011 Progress
<b>Developed provincial standards in health service delivery</b>	<p>Standards were implemented in child care services with the completion of two policy standards documents, the Child Care Services Inclusion of Children with Special Needs Policy Manual and the Standards for School-Age Child Care Programs Manual.</p> <p>Best practices have been applied in the Provincial Blood Coordinating Program to include:</p> <ul style="list-style-type: none"><li>• Policy Guidelines for Blood Component and Blood Product Administration</li><li>• Policy Guidelines for Blood Component Substitution in Adults</li><li>• Standard Operating Procedures for Inter-hospital Transfer program</li><li>• Guidelines for Respiratory Syncytial Virus Infection Prophylaxis</li></ul> <p>The "Provincial Protective Community Residence Operation Standards" were developed. The standards of care represent the expectation for care and service. The unique and complex needs of all individuals, and the knowledge, values and skills needed to deliver a quality service are acknowledged through the standards.</p> <p>"Prevention Infection – Diabetes Care" was developed to inform the public about safe diabetic care practices to prevent the</p>

	<p>spread of infection.</p> <p>The <i>Health Professions Act</i> was established and provides professional regulation through the establishment of consistent licensing, quality assurance and discipline processes.</p> <p>Changes to the <i>Pharmacy Regulations</i> were implemented to broaden the ability of pharmacists to provide prescription medications in accordance with the Newfoundland and Labrador Pharmacy Board's standards of practice.</p>
<b>Introduced monitoring and performance reporting mechanisms</b>	<p>Monitoring and performance reporting mechanisms have been introduced as follows:</p> <ul style="list-style-type: none"> <li>• Developed a performance monitoring database to monitor progress of recommendations made as a result of the Inquiry into Adverse Events and the Commission of Inquiry into Hormone Receptor Testing.</li> <li>• Developed a database to monitor the reporting of Healthcare Acquired Infections.</li> <li>• Developed an infection control/communicable disease surveillance system.</li> <li>• Developed a Mass Immunization Registry for the deployment of H1N1 vaccine.</li> <li>• Operational standard indicator reports are monitored to determine compliance in the personal care home sector.</li> </ul>
<b>Developed a quality and risk management policy framework</b>	<p>A quality and risk management policy framework has not been developed due to competing priorities such as the implementation of the Commission of Inquiry on Hormone Receptor Testing recommendations.</p>
<b>Supported the development of a culture of quality and safety</b>	<p>Implementation of the recommendations of the Commission of Inquiry on Hormone Receptor Testing has been ongoing since 2009 to ensure a safe and quality health care system.</p> <p>Established a Provincial Coordinating Office for Adverse Event Management.</p> <p>A Provincial Director of Pathology and Laboratory Medicine was hired and is an integral part of continuing Government's commitment to implementing the recommendations from the Commission of Inquiry on Hormone Receptor Testing and the Adverse Health Events Task Force.</p> <p>The Clean, Cover and Contain Campaign was developed to increase awareness of how germs are spread, particularly influenza.</p>
<b>Established a Quality Health Council</b>	<p>As recommended by the Commission of Inquiry on Hormone Receptor Testing, many provincial initiatives are currently in place to advance quality and safety initiatives in the health system (e.g. the planning for the clinical efficiency unit and the establishment of the Provincial Coordinating Office for Adverse Events Management in the Department of Health and Community Services). More time is needed to explore and assess the impact of these changes in order to properly inform the establishment of a Quality Health Council.</p>

**Addressed related sustainability issues**

The establishment of the Task Force on Adverse Health Events and the Commission of Inquiry on Hormone Receptor Testing strengthened organizational systems and accountability processes within the health and community services sector which ultimately enhanced the sustainability of the system. Some initiatives included:

- Created the new position of Provincial Director of Pathology and Laboratory Medicine and Vice-President Quality positions in each health authority.
- The Provincial Coordinating Office for Adverse Event Management has been established. The office leads the planning, implementation and evaluation of a provincial electronic adverse management system.
- The *Health Professions Act* achieved royal assent and is awaiting proclamation. The *Act* will mandate continuing education for all professionals governed under it.





Work was ongoing in 2010-2011 to achieve the goal of strengthening organizational systems that foster quality and safety within the health and community services sector. Below is the objective for the past year and the progress made to achieve that objective.

### **Objective 2010-2011**

By March 31, 2011, the Department of Health and Community Services will have reported on progress to improve quality and safety within the health and community services system.

### **Measure**

Reported on progress

### **Objective Indicators for Quality and Safety 2010-2011**

Indicators	2010-2011 Progress
<b>Continued reporting in relation to inquiry recommendations</b>	Since the release of the report of Commission of Inquiry on Hormone Receptor Testing, the Provincial Government in collaboration with the four Health Authorities has made significant progress on completing or substantially completing 92% of the recommendations in the report. An update was released to the public in April 2011.
<b>Established a Provincial Coordinating Office</b>	The Provincial Coordinating Office for Adverse Event Management has been established. The office leads the planning, implementation and evaluation of a provincial electronic adverse management system.
<b>Continued implementation of select quality and safety initiatives</b>	<p>The Province has hired its first Provincial Director of Pathology and Laboratory Medicine. The position was developed following the recommendations of the Commission of Inquiry on Hormone Receptor Testing and will be an integral part of implementing the recommendations of the Commission.</p> <p>The <i>Health Professions Act</i> was established to improve public protection and patient safety by providing for the regulation of a number of health professions, some of whom were not previously regulated. The new legislation provides professional regulation that will ensure protection of the public through the establishment of consistent licensing, quality assurance and discipline processes.</p> <p>The Provincial Pharmacy Network was launched and is a component of the provincial electronic health record designed to improve patient safety and enhanced care for patients. The network is a provincial drug information system that contains a record of patient medication information and comprehensive drug information that assists pharmacists in identifying potential adverse drug interactions.</p> <p>Changes to the pharmacy regulations were implemented to broaden the ability of pharmacists to provide prescription medications to better serve patients in the province. Pharmacists can now refill, extend or adjust prescriptions in accordance with the Newfoundland and Labrador Pharmacy Board's standards of practice.</p>

The Department has initiated implementation of patient navigators with a focus on cancer care. The navigators have been hired and orientation training is planned to prepare them to assist patients and/or their families.

The Department has reviewed and accepted the crisis management plans created by the Health Authorities and the Office of Adverse Health Events will be the lead entity to facilitate continual improvement and integration of these plans. The plans include the core elements as specified in the Commission of Inquiry Report.

### Discussion of Results

Since 2008 the Department has been challenged to create a strengthened foundation for a culture of safety and quality across the health and community services system. As indicated in this report, sound policy, effective change management strategies and openness to new ideas were important to identifying and integrating best practices into existing ways of delivery health services. While the development of a quality and risk management policy framework and establishment of a Quality Health Council have been delayed due to competing priorities, the Department will continue to implement select quality and safety initiatives and strengthen the health care system.



## Opportunities and Challenges Ahead



An aging population, health status, financial resources and a vast geography are all challenges for the Department of Health and Community Services in completing its mandate. Opportunities ahead will demonstrate the commitment to improving the health system in this province and to continue to respond to the needs of Newfoundlanders and Labradorians.

### **Quality and Safety**

The geographic landscape of Newfoundland and Labrador along with the demographic profile of the population presents challenges in coordinating services. The Department's leadership role must support provincial, regional and other efforts to improve quality and safety. Human resource planning, standardized legislation and regulations, and licensing requirements for professionals, are areas that will support a quality system.

### **Access and Increased Efficiency**

Significant investments are made each year to improve access to health care services such as reducing wait times, facility development and program delivery. The Department is committed to improving access for the people of Newfoundland and Labrador within its fiscal resources. To do this the Department needs to make programs and services within the health care system better, more timely and efficient.

### **Population Health**

Compared to other provinces in the country Newfoundlanders and Labradorians have high rates of chronic disease and risk factors that contribute to chronic disease. Chronic disease not only limits the quality of life for individuals but it challenges the health care system to provide programs and services that are costly. The primary focus for the future must be providing leadership in the prevention of illness and chronic disease, health promotion and building supportive environments, while continuing to strengthen the care of those who are ill. The department is focusing on improving population health across the lifespan by enhancing all the services individuals receive from birth until the end of life. This approach encompasses all areas of health care including public health, mental health and addictions, community supports, acute care, long term care and Aboriginal health.

### **Demographics and the Delivery of Health and Community Services**


The population of Newfoundland and Labrador is changing and getting older. Chronic diseases accompany an aging population, therefore the province must be ready to respond. The need for a Long Term Care and Community Support Services Strategy is evident along with the need to ensure that we have sufficient human resources to care for our elderly. Monitoring healthy behaviours and population changes will be necessary to ensure that the health care system can respond to the growing needs of our residents.

## Financial Statements

Based on the Program Expenditures and Revenues of the Consolidated Revenue Fund for Fiscal Year ended 31 March 2011 (Unaudited).

	Actual (\$)	2010-2011 Amended (\$)	Original (\$)
<b>Minister's Office (1.1.01)</b>	<b>451,001</b>	<b>530,600</b>	<b>530,600</b>
<b>General Administration (1.2.01 to 1.2.08)</b>			
Total gross	23,631,769	28,032,000	28,753,300
Less revenue - Federal	60,000	1,000,000	1,000,000
Less revenue - Provincial	1,166,957	550,000	550,000
<b>Total net</b>	<b>22,404,812</b>	<b>26,482,000</b>	<b>27,203,300</b>
<b>Memorial University Faculty of Medicine (2.1.01)</b>	<b>45,226,800</b>	<b>45,694,500</b>	<b>43,501,400</b>
<b>Drug Subsidization (2.2.01)</b>	<b>137,737,910</b>	<b>138,655,100</b>	<b>141,954,300</b>
<b>Medical Care Plan (2.3.01 to 2.3.02)</b>			
Total gross	430,596,469	430,740,100	403,337,700
Less revenue - Federal	808,534	-	-
Less revenue - Provincial	1,979,936	2,500,000	2,500,000
<b>Total net</b>	<b>427,807,999</b>	<b>428,240,100</b>	<b>400,837,700</b>
<b>Regional Integrated Health Authorities and Related Services (3.1.01 to 3.1.02)</b>			
Total gross	1,890,986,832	1,895,662,700	1,915,065,500
Less revenue - Federal	3,177,409	7,993,000	7,993,000
Less revenue - Provincial	20,789,213	18,816,000	18,816,000
<b>Total net</b>	<b>1,867,020,210</b>	<b>1,868,853,700</b>	<b>1,888,256,500</b>
<b>CAPITAL</b>			
<b>Furnishings and Equipment (3.2.01)</b>	<b>50,838,436</b>	<b>62,225,000</b>	<b>62,225,000</b>
<b>Health Care Facilities (3.2.02)</b>	<b>72,015,281</b>	<b>121,992,400</b>	<b>125,842,400</b>
<b>Total Health Care Facilities and Equipment</b>	<b>122,853,717</b>	<b>184,217,400</b>	<b>188,067,400</b>
<b>Total Department</b>			
Total gross	2,651,484,498	2,723,532,400	2,721,210,200
Less revenue - Federal	4,045,943	8,993,000	8,993,000
Less revenue - Provincial	23,936,106	21,866,000	21,866,000
<b>Total net</b>	<b>2,623,502,449</b>	<b>2,692,673,400</b>	<b>2,690,351,200</b>

## Appendix A: Mandate



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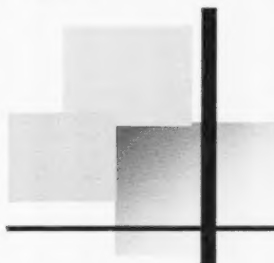
The Department of Health and Community Services is mandated under the *Executive Council Act (Regulation 82/03)*, such that the powers, duties and functions of the Minister include supervision, control and direction of all matters relating to

- the preservation and promotion of health;
- the prevention and control of disease;
- the administration of hospitals, long term care facilities and personal care facilities;
- the control, possession, handling, keeping and sale of food and drugs;
- contracts, payments and remunerations for medical, dental, pharmaceutical, scientific, technical or other health and community services;
- public health and the enforcement of public health standards;
- the administration of a plan authorized by the Lieutenant-Governor in Council for the assistance of students in a professional or technical field connected with health and community services;
- services to children, youth and families; adoption of children;
- child care services;
- in co-operation with the Minister of Justice, the administration of laws relating to the commission of offences by young persons;
- programs and residential facilities for persons who are neglected, dependant, abused, persons with disabilities and persons who are being treated for addictions; and
- the administration of the Acts set out in the Schedule and of all orders and regulations passed or made under those Acts, including those powers, functions or duties necessary or desirable for carrying out the purpose of those Acts which are not, or in so far as they are not, the responsibility of another minister, agency or body, corporation, board, organization or person.

Additional information related to the Department of Health and Community Services Strategic Plan can be found at <http://www.health.gov.nl.ca/health/plans/plan2008-11.pdf>



## Appendix B: Entities Reporting to the Minister



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Under the *Transparency and Accountability Act*, the following government entities are provided with the Strategic Directions of the Department and also prepare plans and annual reports in keeping with their categorization under that *Act*:

1. Eastern Health Authority
2. Central Health Authority
3. Western Health Authority
4. Labrador - Grenfell Health Authority
5. Public Health Laboratory
6. Newfoundland & Labrador Centre for Health Information
7. Medical Consultants' Committee
8. Mental Health Care and Treatment Review Board